



EMPLOYEE INFORMATION

Family Name First Name
 NU Department E-mail address

U.S. Residential Address

Street Address:
 City: State: Zip Code:

Please make sure to include Street, Floor/Room, City/State, Zip Code

* If the address above changes, please e-mail your International Office Scholar Advisor within 10 days and complete an AR-11 form found at www.uscis.gov

EMERGENCY CONTACT INFORMATION

Please provide us with the name, address, telephone and email address of a person to contact in case of an emergency. This person does not need to live in the U.S., but an English speaker is preferred.

Name
 Phone E-mail
 Address

Please make sure to include Street, Floor/Room, City/State, Zip Code, Country

IMMIGRATION INFORMATION

You will need your passport and visa stamp to complete the following. Please use the (mm/dd/yyyy) format for dates

Date **passport** expires Date **visa stamp** expires
 Date of **arrival** in U.S. Entries allowed: 1 2 M (multiple)

I-94 departure number (found at www.cbp.gov/i94)

DEPENDENT INFORMATION (IF APPLICABLE)

The International Office offers programs and resources for International Spouses and Families. If you brought dependents (spouse/children) with you, please provide the following information.

Dependent E-mail address

EMPLOYEE SIGNATURE

Signature of Employee Date